

Akta Agarwal | Thursday September 13, 2012



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Paycheck Review

- Payroll

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- To review paychecks from your prior division please select your prior employee id from the drop down box: 71099068
- To review another paycheck, select the 'Pay End Date' from the drop down box: 09/08/2012
- To view and print the 'Earnings Statement' for pay end date 09/08/2012, click [View/Print Pay Statement](#)
- To view paycheck summary for the last 13 months, click [View Summary](#)

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Associate#	Associate Name	Company
71099068	Akta Agarwal	MDS

Pay Begin Date	Pay End Date	Check#	Check Date
09/02/2012	09/08/2012	10678625	09/14/2012

TOTALS	Earnings	Taxes	Deductions	Net Pay
Current	678.17	34.84	244.11	397.22
YTD	<u>14,831.70</u>	1,003.62	7,633.96	5,694.13

EARNINGS	Hourly Rate	Hours/Units	Amount	YTD
Description				
Regular Earnings	10.180000	29.07	295.83	6,908.33
Commission			126.78	3,903.42
Holiday Pay	15.450452	8.00	123.80	457.20
Holiday Worked Premium - CA	15.270000	7.57	115.59	115.59
Incentive Pay (\$10/Unit)	10.000000	1.00	10.00	840.00
Overtime	15.769231	0.13	2.06	305.36
Overtime Adjustment 01-SEP-2012			0.24	
PTO			0.00	1,182.59
Sick Pay			0.00	697.78
Incentive Pay (\$12/Unit)	12.000000	0.00	0.00	264.00
Incentive Pay (\$15/Unit)	15.000000	0.00	0.00	240.00
Meal Break Modification			0.00	105.15
Credit/Give Back (\$1/Unit)	1.000000	0.00	0.00	81.00
ER Contribution to 401(k)			0.00	79.20
Incentive - Cosmetic Contests	4.000000	0.00	0.00	46.24
Credit/Give Back (\$4/Unit)			0.00	41.00
Stim - Vendor Incentive	2.000000	0.00	0.00	32.83
Credit/Give Back (\$2/Unit)	3.000000	0.00	0.00	32.00
Credit/Give Back (\$3/Unit)			0.00	24.00
Non Productive Regular			0.00	15.27
Credit/Give Back (\$7/Unit)	7.000000	0.00	0.00	14.00
Credit/Give Back (\$5/Unit)	5.000000	0.00	0.00	10.00
Incentive Pay (\$8/Unit)	8.000000	0.00	0.00	8.00
Commission Adjustment			0.00	1.19
STMS-Luggage Vnd			0.00	0.75

DEDUCTIONS	Plan Type	Deduction Class	Amount	YTD
Description				
Aetna Choice Premier	Medical	Before-Tax	153.78	1,537.80
401K Loan Repayment	General	After-Tax	30.83	799.47
MetLife High PPO A	Dental	Before-Tax	25.00	975.52
Macy's 401(k) Plan	Basic	Before-Tax	20.29	422.78
MetLife High PPO A	Dental	After-Tax	14.32	14.32
Spouse/DP Life	SP/DP Lite	After-Tax	0.00	21.46
Family AD&D	Dep AD/D	After-Tax	0.00	17.87
Optional ADD	AD/D	After-Tax	0.00	22.57
Optional Life - After Tax	Life	Nontaxable	0.00	10.50
Anthem Choice Premier	Medical	Before-Tax	0.00	3,925.26
Optional Life - After Tax	Life	After-Tax	0.00	98.90

TAXES	Tax Class	Amount	YTD
Description			
Federal	OASDI/Disability - EE	20.89	281.00
Federal	FICA Med Hospital Ins / EE	7.21	124.83
California	OASDI/Disability - EE	4.87	65.95
Federal	Withholding	1.77	356.82
California	State Withholding	0.00	76.22

DISTRIBUTIONS	Account Number	Amount
Description		

9/1/2012 8:11 PM

Akash Agarwal | Thursday September 13, 2012



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Paycheck Review

- Payroll

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+ Communications

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+ Our Site

+ Stores Team

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Policies & Procedures

Risk Management

Track Transactions

In-site Disclosure

- To review paychecks from your prior division please select your prior employee id from the drop down box 71090088
- To review another paycheck, select the 'Pay End Date' from the drop down box 09/01/2012
- To view and print the 'Earnings Statement' for pay end date 09/01/2012, click [View/Print Pay Statement](#)
- To view paycheck summary for the last 13 months, click [View Summary](#)

Associate	Associate Name	Company
71090088	Akash Agarwal	MDS

Pay Begin Date	Pay End Date	Check#	Check Date
08/26/2012	09/01/2012	10540634	09/07/2012

TOTALS	Earnings	Taxes	Deductions	Net Pay
Current YTD	455.25	16.00	257.39	101.26
	14,165.63	986.76	7,589.84	5,596.91

EARNINGS	Hourly Rate	Hours/Units	Amount	YTD
Description	10.160000	34.83	364.57	6,610.40
Regular Earnings			88.85	3,774.86
Commission	1.000000	3.00	3.00	81.00
Credit/Give Back (\$1/Unit)	15.250000	0.12	1.83	303.07
Overtime			0.00	1,192.68
PTO	10.000000	0.00	0.00	630.00
Incentive Pay (\$10/Unit)			0.00	597.78
Sick Pay			0.00	333.80
Holiday Pay	12.000000	0.00	0.00	264.00
Incentive Pay (\$12/Unit)	15.000000	0.00	0.00	240.00
Incentive Pay (\$15/Unit)			0.00	105.15
Meal Break Modification			0.00	79.20
ER Contribution to 401(k)			0.00	46.24
Incentive - Cosmetic Contest	4.000000	0.00	0.00	41.00
Credit/Give Back (\$4/Unit)			0.00	32.83
Stms - Vendor Incentive	2.000000	0.00	0.00	32.00
Credit/Give Back (\$2/Unit)	9.000000	0.00	0.00	24.00
Credit/Give Back (\$3/Unit)			0.00	15.27
Non Productive Regular	7.000000	0.00	0.00	14.00
Credit/Give Back (\$7/Unit)	5.000000	0.00	0.00	10.00
Credit/Give Back (\$5/Unit)	8.000000	0.00	0.00	8.00
Incentive Pay (\$8/Unit)			0.00	1.18
Commission Adjustment			0.00	0.75
STMG-Luggage Vnd			0.00	

DEDUCTIONS	Plan Type	Deduction Class	Amount	YTD
Description				
Aetna Choice Premier	Medical	Before-Tax	173.60	1,384.02
MetLife High PPO A	Dental	Before-Tax	35.09	850.43
401K Loan Repayment	General	After-Tax	30.63	768.84
Macy's 401(k) Plan	Basic	Before-Tax	13.75	402.49
Optional Life - After Tax	Life	After-Tax	2.64	96.00
Optional ADD	AD/D	After-Tax	0.61	22.57
Spouse/DP Life	SP/DP Life	After-Tax	0.49	21.48
Family AD&D	Dep AD/D	After-Tax	0.48	17.67
Anthem Choice Premier	Medical	Before-Tax	0.00	3,925.26
Optional Life - After Tax	Life	Nontaxable	0.00	10.50

TAXES	Tax Class	Amount	YTD
Description			
Federal	OASD/Disability - EE	10.48	340.11
Federal	FICA Med Hospital Is / EE	3.62	117.42
California	OASD/Disability - EE	2.50	80.98
California	State Withholding	0.00	76.22
Federal	Withholding	0.00	354.05

DISTRIBUTIONS	Account Number	Amount
Description		
Checking	7114833410	101.26



RIVERSIDE CALL CENTER
P O BOX 12007
RIVERSIDE CA 92502-2207

Mail Date: 08/30/2012
SSN: [REDACTED]

EDD Telephone Numbers:
English 1-800-300-5616
Spanish 1-800-326-8937
Cantonese 1-800-547-3506
Mandarin 1-866-303-0706
Vietnamese 1-800-547-2058
TTY 1-800-815-9387

ARVIND K AGARWAL
1582 GALENA DR
SAN JOSE CA 95121-1639

NOTICE OF UNEMPLOYMENT INSURANCE AWARD

1. Claim Beginning Date: 08/19/2012 2. Claim Ending Date: 08/17/2013
3. Maximum Benefit Amount: \$11700 4. Weekly Benefit Amount: \$450
5. Total Wages: 32,245.76 6. Highest Quarter Earnings: 12,896.00
7. This item does not apply to your claim. For more information, see item on the reverse.
8. You must look for full time work each week. Please see your handbook, A Guide to Benefits and Employment Services, DE1275A, for more information about looking for work.
9. To qualify for this claim you must meet further eligibility requirements. You will receive additional information on what you need to do to qualify. Please see your handbook, A Guide to Benefits and Employment Services, DE1275A, for more information.
10. This Claim Award is calculated based on the Standard Base Period.
11. Employee Name 12. Employee Wages for the Quarter Ending: 13. Employer Name

	JUN. 2011	SEP. 2011	DEC. 2011	MAR. 2012	
A AGARWA		1,535.04			IN SYNC STA
A AGARWA			2,976.00	12,896.00	TECHSOURCE
A AGARWA	4,860.96	9,977.76			WORKWAY
14. Totals:	4,860.96	11,512.80	2,976.00	12,896.00	

Important Information On The Reverse Of This Form



RIVERSIDE CALL CENTER
P O BOX 12007
RIVERSIDE CA 92502-2207

Mail Date: 08/30/2012
SSN: [REDACTED]
Claimant Phone #: 408-531-8653

ARVIND K AGARWAL
1582 GALENA DR
SAN JOSE CA 95121-1639

EDD Telephone Numbers:
English 1-800-300-5616
Spanish 1-800-326-8937
Cantonese 1-800-547-3506
Mandarin 1-866-303-0706
Vietnamese 1-800-547-2058
TTY 1-800-815-9387

NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

You filed a claim for Unemployment Insurance benefits effective 08/19/2012
When you filed your claim you stated:

1. Your last employer was: GARY D. NELSON ASSOCIATES
2. The last day you worked for that employer was 03/19/2012.
3. The reason you are no longer working for the above employer is:
LACK OF WORK
4. You are not receiving a pension or other income.
5. You are able and available to accept full time work.
6. You have the legal right to work in the United States.

Please check the above information carefully. EDD will consider this information correct unless you report other information within (ten) 10 days from the mailing date of this notice. Any response after 10 days may result in delay of benefits. Remember to include your name and Social Security Number in all correspondence with EDD. Mail your response to the EDD address above or you may call EDD.

Although federal and state laws prohibit the revealing of information about your employment and your UI claim to your spouse, relatives, friends, non-interested parties, and private interest groups, federal legislation requires that such information be made available to state and federal Welfare, Medical Assistance, Food Stamps, Housing, and Child Support Enforcement agencies. Confidentiality is the responsibility of all agencies using the information.

Section B / Sección B If the box under Question 3 on the reverse is marked "X", you must complete the table below to show your work search for the weeks being claimed. / Si el cuadro en la pregunta #3 en el reverso está marcado con una "X", usted debe de completar la tabla a continuación para indicar su búsqueda de trabajo lo durante la(s) semana(s) que solicita beneficios.

WORK SEARCH RECORD / RECORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO

Date Applied / Fecha en que Solicito Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitud	Results: Please explain / Resultado: Por favor Explicar
05/27/12	Progenix, Inc	1811 McLean Hwy 13th fl	HR	Quality Engineer	No Response
8/27/12	Tech Networks	3175 S. Winchester Blvd., Ste 1400	Supervisor	Sales	No Response
8/8/12	Blue Coat Systems	428 Brannan St	HR	Supplier	No Response
8/13/12	Blue Coat	428 Brannan St	HR	Suppliers	No Response
8/14/12	Inc	428 Brannan St	HR	Supplier	No Response

Section C / Sección C

Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)

Aviso para La Institución Educativa (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form.

Signature/Title _____ Date _____

If you are on a semester/holiday recess, enter the date you are scheduled to return to school. _____
Si Ud. está en vacaciones/feriados del semestre escolar; escriba la fecha en que regresará a la escuela: _____

Section D / Sección D

New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 back on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica

Zip Code / Zona Postal:

CONTINUED
CLAIM

8-19-12

ANSWER ALL QUESTIONS. SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, A Guide to Benefits and Employment Services.

COMPLETE AND MAIL THIS FORM ON 09-09-12

	Begins Ends	1ST WEEK		2ND WEEK	
		YES	NO	YES	NO
1. Were you too sick or injured to work?	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	(I-7)
If yes, enter the number of days (1 through 7) you were unable to work.	> <input type="checkbox"/>		> <input type="checkbox"/>		(I-7)
2. Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday?.....	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Did you look for work?	> <input checked="" type="checkbox"/>	<input type="checkbox"/>	> <input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Did you refuse any work?	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Did you begin attending any kind of school or training?	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Did you work or earn any money, WHETHER YOU WERE PAID OR NOT?	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	> <input type="checkbox"/>	<input checked="" type="checkbox"/>	
(If yes, you <u>MUST COMPLETE</u> items a. and b. below.)					
a. Enter earnings before deductions here.	> \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		> \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
b. Report employment or 'source' of earnings information below:					

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS - INCLUDE ZIP CODE		REASON NO LONGER WORKING (OR WRITE 'STILL WORKING')
1ST WEEK					
2ND WEEK					

7. If you want federal income tax withheld for the week(s) shown above, mark this block. >

8. If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse. >

NORCAL AUTHORIZATION CENTER
 PO BOX 969057
 WEST SACRAMENTO CA 95798-9057

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work USCIS. I signed this form after the latest date for which I am claiming benefit

X *Frank K. Agee L.J.C.*
 (Your signature is required)



work search for the weeks being claimed. / Si el cuadrado en la pregunta 8 estuviera marcado, complete la tabla a continuación para indicar su búsqueda de trabajo durante la(s) semana(s) que solicita beneficios.

WORK-SEARCH RECORD / RECORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO

Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitó	Results: Please explain Resultado: Por favor Explique
8/27/12	IMVU Inc	100W Evelyn Ave HR Mt View, CA 94031 Manager	QA	Engineers	NO Response
8/27/12	cete.com Inc	411 Dixon Landing HR Rd, Milpitas, CA	SR. OE	NO Response	
8/28/12	Lawn Research Comp	41650 Custer Parkway Fremont, CA Staffing	Professional Staffing	Sr. Supplier Engineers	NO Response
9/4/12	Sandisk Corp	10199 BR, 601 McCourtney Blvd Milpitas	HR	Sr. Quality	NO Response
9/5/12	Silicon Image Inc	1140 East Arques Ave, S'Vale, CA 94085 Manager	CA	Engineer Quality	NO Response

Section C / Sección C Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)
Aviso para La Institución Educativa (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form

Signature/Title _____ Date _____

Name of Training Institution _____

If you are on a semester/holiday recess, enter the date you are scheduled to return to school.

Si Ud. está en vacaciones/días feriados del semestre escolar; escriba la fecha en que regresará a la escuela:

Section D / Sección D New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - Include area code / Nuevo número
de teléfono - Incluyendo área telefónica

()

Zip Code: / Zona Postal:

CU-PB318 MIC 6%

DE 4581 CTO Rev. 4 (5-04) State of California / Employment Development Department

work search for the weeks being claimed. / Si el cuadrado en la pregunta 80 es favor de marcar con una "X", por favor de completar la tabla a continuación para indicar su búsqueda de trabajo durante la(s) semana(s) que solicita beneficios.

WORK SEARCH RECORD / RÉCORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO

Date Applied / Fecha en que Solicito Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien Se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicito	Results: Please explain / Resultado: Por favor Explique
8/21/12	LinkedIn Corp	2029 St, Redwood City, CA	HR	RE	NO Response
8/21/12	Marvell Semiconductor	54188 Marvell Ln, Santa Clara, CA 95051	HR Manager	QA	Engineer NO Response
8/22/12	Alta 22 Develop Center	20450 Stevens Creek, Cupertino, CA	Professional Staffing	Sr. Quality Supplier	Engineer NO Response
8/24/12	Alpha Net Consulting Inc	3080 Octave St, Santa Clara, CA	HR	Quality Engineer	NO Response
8/23/12	Netapp Inc	495 East Table Dr, San Jose, CA 95148-2899	HR	QA	NO Response

Section C / Sección C Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)
Aviso para La Institución Educacional (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form

Signature/Title _____ Date _____

Name of Training Institution _____

If you are on a semester/holiday recess, enter the date you are scheduled to return to school. _____

Si Ud. está en vacaciones/días feriados del semestre escolar: escriba la fecha en que regresará a la escuela: _____

Section D / Sección D New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente. New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica

()

Zip Code / Zona Postal:

CONTINUED
CLAIM

570-65-9696 07-04-10

55706596961000704120819 AZA

ANSWER ALL QUESTIONS. SEE SECTION A ON BACK FOR EXAMPLES
 OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained
 in your booklet, A Guide to Benefits and Employment Services.

COMPLETE AND MAIL THIS FORM ON

08-19-12

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1. Were you too sick or injured to work?

Section B / Sección B Case 11-17763-Job Doc 1084 Entered 09/24/12 12:16:20 Page 11 of 11
 In the box under Question 3 do not check if marked "X". Complete the table below to show your work search for the weeks being claimed. / Si el cuadrado en la pregunta #3 en el reverso está marcado con una "X", usted debe de completar la tabla a continuación para indicar su búsqueda de trabajo durante la(s) semana(s) que solicita beneficios.

WORK-SEARCH RECORD / RÉCORD DE LOS LUGARES DONDE HA BUSCADO TRABAJO

Date Applied / Fecha en que Solicitó Empleo	Company Name / Nombre de la Compañía	Company Address / Dirección de la Compañía	Person Contacted / Persona con quien se Comunicó	Type of Work Applied For / Clase de Trabajo que Solicitud	Results: Please explain / Resultado: Por favor Explique
8/20/12	Juniper Networks	1194 N Mallard Ave S'Vale, CA 94089	HR	QA	NO Response
8/20/12	Retail Next Inc	HR 99 Almeda Blvd, SJ, CA 95113	HR Mgr.	QA	Supplier NO Response
8/21/12	Adap. TV	HR, 1 Wafers Lane Bldg. Mateo, CA 94043	HR.	Supplier Engineer	No Response
8/22/12	KindSight Inc	755 Rainwood Dr. Mt. View, CA	Personnel Manager	Quality Engineer	NO Response
8/23/12	KLA-Tencor	One Technology Dr., Milpitas, CA 95035	HR Manager	Quality Engineer	NO Response

Section C / Sección C Notice to Educational Institution (FOR EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVED TRAINING ONLY)
 Aviso para La Institución Educativa (PARA CURSOS DE ENTRENAMIENTO APROBADO POR EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD))

I certify that this individual was enrolled in and satisfactorily pursuing the retraining course of instruction approved by the Employment Development Department during the week(s) shown on the front of this form.

Signature/Title _____ Date _____

Name of Training Institution _____

If you are on a semester/holiday recess, enter the date you are scheduled to return to school. _____

Si Ud. está en vacaciones/días feriados del semestre escolar; escriba la fecha en que regresará a la escuela: _____

Section D / Sección D New Mailing Address / Nueva Dirección de Correo

Complete below and mark Question 8 block on front / Complete abajo y marque la pregunta 8 en el frente.

New phone - include area code / Nuevo número de teléfono - incluyendo área telefónica _____

()

Zip Code: / Zona Postal: _____

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